

09/701760

BEFORE THE INTERNATIONAL SEARCHING AUTHORITY
UNDER THE PATENT COOPERATION TREATY

525 Rec'd PCT/PTO 30 NOV 2000

IN RE APPLICATION OF: Pfizer Products Inc.

APPLICATION NO.: PCT/US00/04733

INTERNATIONAL FILING DATE: 25/02/2000

TITLE: Method For the Purification, Recovery,
and Sporulation of Cysts and Oocysts

Via Facsimile 31-70-340-3016 and Air Mail Confirmation

PCT International Searching Authority
Examiner Veronique Bai lou
European Patent Office
P.B. 5818 Patentlaan 2
NL-2280 HV Rijswijk
Netherlands

Sir:

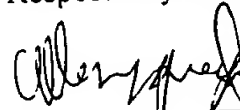
Response to Invitation to Pay Additional Fees

In response to the Invitation to Pay Additional Fees mailed 21/09/2000, and so that all independent inventions (as identified by the International Searching Authority) will be searched, Applicant hereby tenders the requested fee of DEM 3,696,52 for search of two (2) additional inventions. A Fee Calculation Sheet, authorizing a charge to the IPEA/EP Deposit Account No. 28300104 of Applicant Pfizer Products Inc. is attached.

Please kindly note that the Applicant now refers to the application under a different File Reference Number. It is requested that, if possible, the application be considered under "PC10433A" which file number is that of the Applicant, and not that of the law firm agent.

Dated: 12/10/2000

Respectfully submitted,



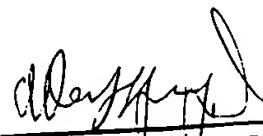
Allen J. Spiegel

Pfizer Inc., Patent Department
235 East 42nd Street, 20th floor
New York, New York 10017-5755, USA
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PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/US00/04733	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference PC10433A, Replacing 1830-867-228	Date Stamp of the IPEA	
Applicant Pfizer Products, Inc.		
CALCULATION OF PRESCRIBED FEES		
search fee for additional 2(two) inventions		DM 3,696,52
1. Preliminary examination fee	<input type="text"/>	P
2. Handling Fee	<input type="text"/>	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the Total box		DM 3,696,52 Total
MODE OF PAYMENT		
<input checked="" type="checkbox"/> authorization to charge deposit account with IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other	
DEPOSIT ACCOUNT AUTHORIZATION		
The IPEA/EP <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.		
<input checked="" type="checkbox"/> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account		
28300104	12/10/00	
Deposit Account Number	Date (day/month/year)	Signature - ALLEN J. SPIEGEL